



Counseling and Wellness Center

Acknowledgement of Receipt of Notice of Privacy Practices

I, _____, have received the Notice of Privacy Practices from the Alaska Pacific University Counseling & Wellness Center.

Date: _____ Signature: _____

In lieu of client signature, I, _____, a staff member of the Alaska Pacific University Counseling & Wellness Center, state that _____ has been given our current Notice of Privacy Practices.

Date: _____ Signature: _____

Note: Clients must sign the NOPP in order to receive ongoing services at the CWC. Clients who refuse to sign the NOPP may not be admitted for ongoing services.